								Application or Docket Number						
	PATENT A	PPLICATIO		- 1		. /								
Effective October 1, 2001 10 10 3 1236												2		
CLAIMS AS FILED - PART I									1	. 1	OTHER	TUAN		
		CLAIMS AS	(Column	nn 2)		SMALL EN TYPE	_	OR	SMALL					
TO	TAL CLAIMS		21					RATE	FEE		RATE	FEE		
TOTAL CO. MINO			21					BASIC FEE			BASIC FEE	740.00		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR		10.00		
TOTAL CHARGEABLE CLAIMS			3/ ninus 20=		•			X\$ 9=	1	OR	X\$18=	198.		
INDEPENDENT CLAIMS			2 _ finus 3 =		•	· · ·		442=	į.	OR	X84=	 :		
		DENT CLAIM PI	14			一一			7	UR				
MIC	Liff CL DEC CIV							+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	PX		
	<u>~</u>			1	OTHER	THAN .								
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY		
		CLAIMS		HG	HEST ABER	PRESENT	l		ADDI-			ADDI-		
¥ E		REMAINING AFTER		PREV	OUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
É		AMENDMENT		PAIC	FOR				FEE_		X\$18=			
亨	Total	*	Minus	**		=		X\$ 9=		OR	Y\$19=			
AMENDMENT	Independent	*	Minus	***		=		X42=		OR	X84=			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.440			+280=			
								+140=		OR	TOTAL			
								TOTAL ADDIT. FEE		OR	ADDIT. FEE			
		_			_									
		(Column 1) CLAIMS REMAINING			HEST MBER	PRESENT	1		ADDI-			ADDI-		
AENDMENT B		AFTER		PREV	NOUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
		AMENDMENT			D FOR	 	1	140	765	1	V010-			
	Total	•	Minus	**		=	┨	X\$ 9=		OR	X\$18=			
	Independent	•	Minus	***		<u> </u>	4	X42=	1	OR	X84=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		1				
										OR	TOTAL			
								ADDIT. FEE	L	OR	ADDIT. FEE			
(Column 1) (Column 2) (Column 3)														
[,		CLAIMS REMAINING		HK	SHEST IMBER	PRESENT	1		ADDI-	1		ADDI-		
E		AFTER		PRE	MOUSLY	EXTRA		RATE	TIONAL		RATE	TIONAL FEE		
É		AMENDMENT		PA	D FOR		1		FEE	1	-	FEE		
ĮĒ	Total	*	Minus	**		=	4	X\$ 9=	L	OR	X\$18=	<u> </u>		
AMENDMENT C	Independent		Minus	***			4	X42=		OR	X84=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		1				
										OR	1			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	ADDIT. FE			
		Lumban Description	DAIN EAR IN Th	NG SDAL	F la lace th	AN 3 ANIOL 3.				– ox in d				
	i ue .Higuest Mu	sinual reviously r	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											